

## STATE OF RHODE ISLAND

### DELTA DENTAL PPO

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. These benefits are listed according to the level of coverage (i.e. 100%,80%) . Your group number is **8350**. Coverage for benefits with time limitations (i.e. 6,12,24,36 or 60 months) is calculated to the exact day.

**The annual maximum is:** \$1,200.00 per member per calendar year  
(Periodontal services limited to \$400.00)

**The annual deductible is:** \$0

**The maximum lifetime cap:** Unlimited

**Pretreatment estimates are recommended for underlined procedures.**

#### **Plan pays 100%; Member Coinsurance 0%**

- One oral exam per calendar year performed by a general dentist
- Two cleanings per calendar year
- Fluoride treatment for children under age 19 once per calendar year
- One set of bitewing x-rays per calendar year
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Palliative treatment ( minor procedures necessary to relieve acute pain)
- Amalgam (silver) fillings and composite (white) fillings
- Space maintainers for lost deciduous (baby) teeth
- Extractions and other routine oral surgery \*
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasing or relining of partial or complete dentures; once every 60 months

**Plan pays 80%; Member Coinsurance 20% (Those employees not covered by the 2008 health plan changes will continue to have 100% crown coverage)**

- Crowns over natural teeth that are not part of a bridge, build ups, posts and cores - replacement limited to once every 60 months

#### **Plan pays 50%; Member Coinsurance 50%**

- Periodontal maintenance - two per year
- Root planing and scaling once per quadrant every 24 months.
- Osseous (bone) surgery once per quadrant every 24 months
- Gingivectomies once per site every 24 months
- Guided tissue regeneration and bone replacement graft once per site every 24 months
- Soft tissue grafts
- Crown lengthening

#### **Orthodontics:**

**Plan pays 50%; Member Coinsurance 50%**

- Braces and related services for dependent children under the age of 19
- Lifetime maximum (orthodontics only) is \$850.00**

**Dependent coverage** - Dependent children are covered up until the end of the year that they turn age 19. Dependent children who are full-time students over age 19 are covered as long as they stay in school or up until the end of the year that they turn age 25.

**\* Certain oral surgery procedures do not count towards the annual maximum.**

*Amended 10/27/08*

# Exclusions & Limitations

*All claims must be filed within one year of the date of service.*

Unless specifically covered by your dental plan, the following are not covered:

- Services that do not qualify for payment according to our dental treatment guidelines. (These guidelines assist Delta Dental in making determinations as to whether services are covered and whether a particular service is the least costly, clinically acceptable method of prevention, diagnosis or treatment. A service may not qualify for coverage under these guidelines even though it was performed or recommended by a dentist.)
- Any services that are not specifically covered in your group's Certificate of Coverage.
- Services received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trustee or similar person or group.
- An illness or injury that Delta Dental determines is employment related.
- Services you would not be required to pay for if you did not have this Delta Dental coverage.
- Services provided by a dentist who is a member of your immediate family.
- An illness, injury or dental condition for which benefits are, or would have been available, through a government program if you did not have this Delta Dental coverage.
- Services rendered by someone other than a licensed dentist or a licensed hygienist operating as authorized by applicable law.
- Specialty exams.
- Consultations.
- Disorders related to the temporomandibular joint (TMJ) including night guards and surgery.
- Services to increase the height of teeth or restore occlusion.
- Restorations required because of erosion, abrasion or attrition.
- Services meant primarily to change or improve your appearance.
- Occlusal guards.
- Implants.
- Bone grafts.
- Splinting and other services to stabilize teeth.
- Prescription drugs, lab exams or reports.
- Guided tissue regeneration.
- Temporary bridges or crowns.
- Services related to congenital abnormalities.
- General anesthesia/intravenous sedation for non-surgical extractions, diagnostic, preventive or any restorative services.
- General anesthesia/intravenous sedation administered by anyone other than a dentist.

Delta Dental also reserves the right to adopt and to apply, from time to time, such administrative policies as it deems reasonable in approving the eligibility of subscribers and the appropriateness of treatment plans and related charges.